

The MEDICAL MISSIONARY



*Catholic Medical Mission House,
Brookland, Washington, D. C.*

ANNUAL REPORT OF THE MEDICAL MISSION INSTITUTE, WURZBURG, GERMANY

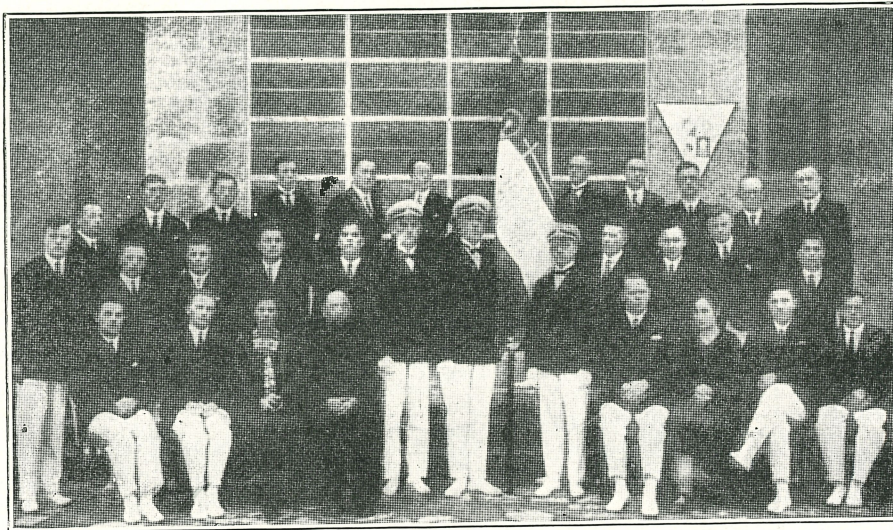
MEDICAL Mission publications are still few and far between. What we lack in quantity in this respect, the Year Book of the Medical Mission Institute makes up in quality. The publication presents in an excellent manner the Medical Mission idea and ideal, namely, the combination of the apostolic and scientific sides of the movement.

The most important event of the year was the erection of a large modern building which can house 60 medical students, providing facilities for study and recreation on the most up-to-date lines. It also contains suitable quarters for the administration and returned missionaries.

members on their great progress. It is an inspiration to us!

Besides the annual report, interesting articles are given by Rev. Dr. P. Th. Ohm, O.S.B., on the justification of Medical Missions, on Obstetrics in Kansu by Dr. Drexler, on Tropical Intestinal Diseases by Dr. P. Muhlen, of the Tropical Institute of Hamburg. Dr. McMurtrie, who before becoming a Catholic was already for 17 years a Protestant Medical Missionary, and Dr. M. Kohler give a picture of their work in the Mariannhill Mission in South Africa, and Dr. Joseph Tietze, from the Dutch East Indies.

An enlightening chapter is entitled: "Medical Mission



Rt. Rev. Dr. P. Becker, S.D.S., Founder and Director and Students of the Medical Mission Institute, Wurzburg, Germany, December 3, 1928.

Under the auspices of the Institute 15 Sisters from various missionary congregations graduated this year as nurses from the Julius Hospital at Wurzburg. Two Sisters and one Brother took up dental work. An intensive medical and surgical course of six weeks duration was given to 18 missionary priests of different missionary orders by professors and doctors of Wurzburg. This was the sixth annual course. From the beginning of its organization to the present, 77 missionaries took advantage of it.

At the opening of the winter semester, 1928, the Institute had 31 medical students of whom two were women.

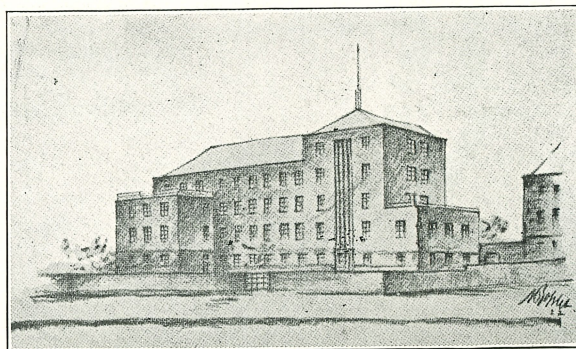
Several doctors left for the missions. Dr. Anna Roggen, whose death after 38 days of work in China, was a great loss, bade farewell to Wurzburg in August, 1928. On her way to China via the Pacific she visited us at the Medical Mission House in Washington. We intend to give our readers soon a short biography of this Medical Mission pioneer whom God saw fit to call at the beginning of a most promising career. She was one of those who lived a long life in a short space of time, and who, although no longer visible on earth, continues the Medical Mission Apostolate by having left us ideals, which she did not preach but lived.

Four other doctors left, respectively for Zululand, for the Kansu Mission in China, Betchuanaland in South Africa, and Dr. Anton Scheer, who is at present in St. John's Hospital, Springfield, Ill., who volunteered to replace Dr. Anna Roggen in St. Joseph's Hospital, Tsinanfu, conducted by the Franciscan Sisters of Springfield.

We congratulate Rt. Rev. Dr. Becker, S.D.S., who is the founder and director of the Institute and all the

Apostolate of the World" in which short mention is made of doctors and hospitals of other Mission Societies. It is encouraging to see that there is an increasing number of Catholic hospitals in the Orient. Medical Mission activities of Protestants are also alluded to. According to figures in their mission atlas of the world, they have 801 men doctors, 346 women doctors and 1,007 nurses in their various mission fields. An interesting chapter is the biography of Father Mauriz Thomans, S.J., M.D., who worked in the 18th century as a missionary in India and also in Africa, under very trying conditions.

From the report it is clearly seen that the Medical Mission Apostolate is heartily welcomed by the missionaries, blessed by the Hierarchy, enthusiastically taken up by young men and women, understood by the public and generously supported for the love of God and humanity.



Medical Mission Institute, Wurzburg.

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Editor: Dr. Anna Dengel

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EDITORIAL

PAST THE FOURTH MILESTONE

THIS month of September our Society passes the fourth milestone of its existence. Looking back on the four short years of spade work, we can not help but see God's blessing on the little seed sown and offer our thanks for the wonderful dispensation of Providence. It is He, Who through the ages, looks lovingly on young souls to draw them to follow in His footsteps, Who inspired a little band of women to offer themselves to Him for the Medical Apostolate of Mercy in foreign missions, so that our family now numbers 16.

It is for His sake also that generous Benefactors, old and new, known and unknown to us, have made it possible to begin, continue and expand our work, to encourage us and spur us on to dare and do things which make for development and progress. This spring we were confronted with the necessity of finding a house for the training of our missionaries and the carrying on of the home organization. The appeal was answered more generously than we dared to anticipate. We still have a debt of \$5,000, but we are told not to lose any sleep over it, that some day, maybe soon, a fairy god-mother will wipe it out.

The Holy Family Hospital, in Rawalpindi, is in its second year now. Our missionaries there are happy and busy and are eagerly looking forward to reinforcements of their number.

Up to the present our main efforts were concentrated on laying the foundation at home and, therefore, we have not made many efforts to make our Society known among missionaries. Nevertheless, we have already received nine requests to start Medical Missions—some in India—some in Africa and one in China. This is the greatest proof of the need of vocations.

For the last four years, Very Rev. Michael Mathis, C.S.C., and the other Holy Cross Fathers in Washington, with whose help and under whose spiritual auspices our Society was started, made it their duty, always so graciously and pleasantly, to provide us with the spiritual care customary for religious communities.

Lastly, we would like to mention that it was a source of encouragement and strength to receive this spring a letter from His Eminence, Cardinal van Rossum, the head of the Sacred

Congregation of Propaganda in Rome. As part of the letter sets forth the Church's attitude toward Medical Missions, we repeat some paragraphs of it:

"* * * More than ever, this is the moment to extend as largely as possible the medical contribution to missionary work, not only for the good of the missionaries themselves, who would live longer and do better and more work if they had the proper medical help and care, but also for the conversion of the pagan world.

"The example of our divine Redeemer Who united Himself preaching with healing the sick and the word He spoke to the Apostles when He sent them forth preaching: *Curate infirmos qui apud illos sunt*, show clearly how necessary is your contribution to the great work of extending the Reign of Christ on earth.

"I am really satisfied with the development your providential initiative has taken, and I hope that this progress will continue always more: the needs in this regard are immensely above the help of which we dispose. Your work will excite many young people to follow your example and to devote themselves to this apostolate.

"With all my heart I bless your work, and I ask the divine Redeemer by the intercession of Mary Immaculate to give to this enterprise of supernatural charity the necessary support of divine grace so that the fruits may be more and more abundant."

With this blessing of the Representative of the Church, we go forward full of hope and confidence in God's Providence, Who has guided our steps and supplied our needs so far, with the aim of expanding His Kingdom by means of prayer, sacrifice and the care of the sick and suffering confided to us.

We take this opportunity to express our most heartfelt thanks to our co-workers, for such we consider all those who directly or indirectly promote the Medical Apostolate.

Do you wish to promote the care of the sick in Mission countries? Help to make known the purpose and needs of the Society of Catholic Medical Missionaries by subscribing or getting subscribers to "The Medical Missionary." Subscription \$1.00 per year. Address, The Medical Missionary, Brookland, Washington, D. C., U. S. A.

TYPES OF INDIAN PATIENTS

By JOANNA LYONS, M.D.

THE Holy Family Hospital is well on in its second year. We have learned a lot, and incidentally found out that we knew a lot before we began that wasn't so, to paraphrase Artemus Ward. Mother India is an ancient and inscrutable dame who often shows shallows where one expected depths and vice versa.

We live along and sometimes we can do people good and sometimes they won't let us. But there is no use quarreling with them for that. We tell them a bit what treatment is needed and persuade them a bit, and if that will not do, then we let them depart in peace. (They will depart anyway, so it might as well be in peace.) There is no exact Urdu equivalent for "It's your funeral," so having told them several times our views of the case, we say: "A p k i marzi" (as you will).

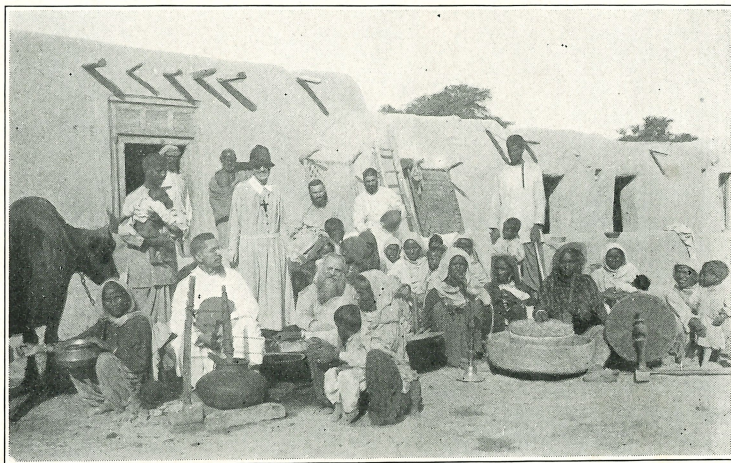
We have a Ford now (it is not quite paid for yet and its gasoline costs 56 cents per gallon, you might like to know). With the Ford we plan, and have made a start at some rounds in villages in the afternoons, when the dispensary work here is finished for the day. We began in March, but already it is too hot to go out in the middle of the day, as we were doing. We hope to start off again in the autumn. Please say a Hail Mary for the success of this work, gentle reader, and if you have the equivalent of a few gallons of gas, which you would like to put to work for the Lord, we would appreciate that too.

Since the beginning we have seen about 8,000 patients—in and out. You might like to look at two or three recent ones. Here is Afzal, whom we have known for many months. Afzal is a good-looking, well-developed baby girl more than a year old. She was very slow to sit up alone and immoveably placid and good-natured. She was brought to the dispensary a number of times for various reasons, but only slowly it dawned upon me that Afzal, to use an expressive phrase, was not all there. Then early one Sunday morning the parents came in great distress with the child in convulsions. We took one look at her and

called her Mary Dolorosa by Baptism. She got over her convulsions and has had none since. (Perhaps her Guardian Angel engineered the attack.) Mary Dolorosa comes calling now and again and smiles in utter contentment at the world while her poor mother again and again inquires into the prognosis. It is a wonderful idea to speculate about—what will be the revelation of that veiled intelligence when Mary Dolorosa is set free from the body which affords it only an imperfect instrument for its activities?

Here is a pretty young woman in bed, recovering from an abdominal operation. She is as fair as you or I and her features are such that if you

met her in Chicago or New York, it would never occur to you that she did not belong to the white race. This is Akbarjan, a quiet and pleasant little woman. The older woman who waits upon her and the patient appear to be on the best of terms, like two congenial sisters. This older woman is quite a character—intelligent, educated to



Dr. Lyons on a Medical Mission Trip Among Punjab Village Folk.

some extent and a devoted daughter of the Prophet. She seeks out a spot in the hospital to which she may retire for the five times of prayer during the day and to it conveys her scrap of carpet and religiously performs the prescribed prayers and prostrations. After seeing the two women together for a day or two, it comes as rather a surprise that they are wives of the same man. The man is a polite and educated person who looks like Akbar the Great or a Pirate of Penzance. He explains that, although he has a third wife in addition to these, he has not his full complement of wives (these are his words exactly) as allowed by his religion. "But I shall engage no more," he adds, "it costs too much."

The elder wife takes a great interest in all that goes on in the hospital. One night a Hindu child is dying and she fetches out her Koran and reads for a time aloud at the side of the youngster. The parents do not hinder her and we remain serene in the knowledge that the little one has been given her passport to the Heavenly Kingdom

some days before. She indicates to us a rude young man who, coming into the hospital to visit another patient, annoys the women by staring at them. And so on. After three weeks in the hospital she departs and expresses her approval by saying that we are just like Mahomedans!

The young lady in the picture with all the hardware hung upon her is Sirwati. We call her "the valentine" on account of her quaint and colorful get-up. Pretty she is, though the picture does not show her so, with a nice, child-like manner. She is 16 now and has been married more than seven years. She is a Rajput, the wife of an officer in a regiment stationed here. For many days she has been coming to the dispensary daily for treatment. The trip was a spot of excitement in her day. Apparently quite illiterate and very simple, she was greatly interested in the snapshot of herself, kissing it and pointing out: "Here are my fingers, here are my arms, etc., but I am so black."

We used to talk a bit each day when she came. One day I asked her, "What do you do all day—just sit?" With a pretty gesture of her beautiful hands she answered with a question: "Aur kya?" (What else?) The answer to that question and the contemplation of this girl, married as a child, loaded with pounds and pounds of heavy jewelry, distressed if the veil slips from her face, even before us, but caring not at all that a generous slice of the skin of her abdomen is revealed to the world between her short jacket and her skirt, uneducated and leading contentedly from day to day what looks to us like a life of vegetation in this world, one realizes what a long road is to be traveled by many of the women of India.

One wonders how in the world to make a start with persons living in such a dark and narrow way of life that they manifest not even a desire for any change for the better. The beginning must be made in a very human way. One thinks of the words of St. Augustine upon the beginning of his dealing with St. Ambrose, who had afterward such a share in bringing him to light and virtue: "And I began to love him, not at first as a teacher of the truth, but as a fellow-creature who was kind to me."

"A fellow-creature who was kind to me"—pray for the missionaries that we may be just that to all these poor people who sit in darkness. Pray that it may be a kindness that begins as friendliness

and service and leads on to be the minister of the greatest of graces—the knowledge and love of Our Lord Jesus Christ.

BISHOP HINSLEY GIVES HIS IMPRESSIONS OF AFRICA'S FUTURE

Bishop Hinsley as Papal Visitor to the Catholic Schools in the British Colonies in Africa covered 20,000 miles between February, 1928, and April 1929: 10,596 by car, 8,018 by rail, 1,286 by water, and 100 by "safari," or native porter trains.

His Lordship speaks of the "enormous difficulties and dangers to be faced." "The Christians of all denominations in Africa," he says, "have been set down as only some 10,000,000, of whom perhaps nearly a half are Catholics. Of the remaining 120,000,000, a third or thereabouts are Moslems, the rest heathens"

"Westernism, with its feverish efforts after material progress, is pushing from the coast into the remotest parts of the interior and drawing the untutored natives from their isolated villages into centres of industry, to the mines, and to large plantations of sisal, cotton, rubber, and coffee.

"The Government have awakened to the necessity of education for these people. Our missionaries seek to direct the onrushing tide of progress. Their aim must be the eternal salvation of the people, but they also must be prepared by careful practical training to minister to the intellectual and corporal needs of the primitive races of Africa.

"The great opportunity of the Church lies especially in the rescue of womanhood, in the true education and proper training of African girls and African women. Here we have our power. No others, no Government, not the sects, can wield the heroic might of our vowed and consecrated sisterhood. Everywhere it is evident that a mission without Sisters lacks an essential of the apostolic work of Africa. . . ."

"Moreover the heads of our missions recognize the absolute necessity of having a staff of missionaries, particularly of Sisters, who can help to stem by skilled care and scientific methods the awful ravages of disease among the African people.

"The agents of Government and of various Protestant bodies are striving by every means—hygienic precautions, scientific treatment or prevention and trained nursing—to carry out the corporal works of mercy. Our Sisters and medical assistants must be equal to those who have not our Faith."—By FIDES NEWS SERVICE.



SIRWATI

THE SOCIETY AT HOME AND ABROAD

EVENTS AT THE MEDICAL MISSION HOUSE

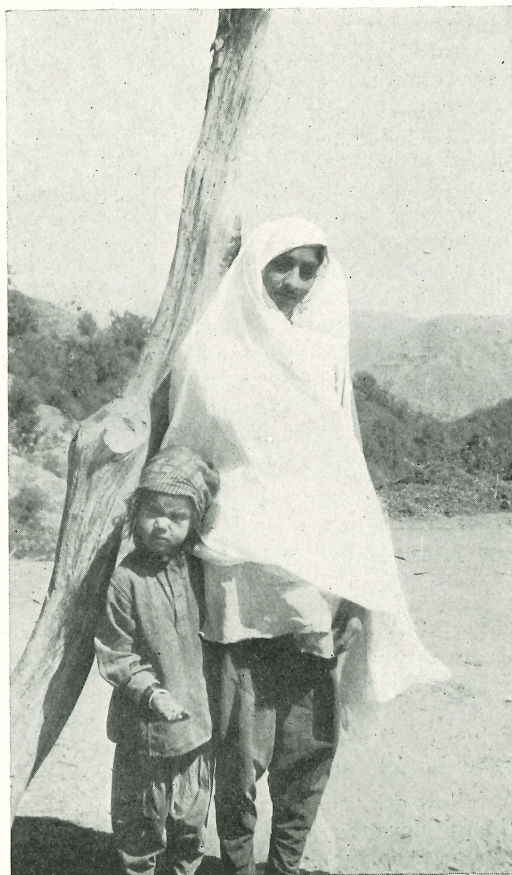
ON the feast of the Assumption, a new member was added to the still small Medical Mission Family. Sister Ann Harley, B.A., of Cork, Ireland, made her profession in the presence of Rt. Rev. Monsignor Thomas, the Archbishop's Delegate for Religious Communities of Women. V. Rev. F. McBride, C.S.C., Rev. John Delauney, C.S.C., and Rev. J. Rick, C.S.C., were also present at the ceremony which is very simple but impressive, as the new member solemnly promises to live according to the evangelical counsels of poverty, chastity and obedience for three years, according to the constitutions of the Society and takes a mission oath by which she binds herself to go to any mission field assigned to her. The sermon was preached by Rt. Rev. Monsignor Thomas who contrasted the materialism of today with that of mediaeval times: "On reading of those ages we are filled with horror at the cruelties, barbarities commonly practiced, yet we can not fail to remark that behind all of this was the consciousness of God and of personal sin. In all the literature, art and sculpture of that period, the highest religious ideals are portrayed, clearly manifesting the inherent sense of the supernatural which pervades all Christian nations. The excesses of those ages are reproduced in the life of today, but the people have lost the sense of any perversion of the law of God. The tendency of the times is to indulge and to minister, more and more, to the care of the body, with a disregard of the needs of the soul. It is consoling to notice, therefore, that side by side with this materialism there is, within the Church, an ever increasing missionary activity, to bring to pagan peoples a knowledge of God and of the immortality of the soul. To those who ask why disturb the pagans who are happy and contented in their present life, it may be answered that the missionary is not primarily concerned with their present life. In most cases the missionary brings improved social conditions and alleviation of bodily sufferings, but his great aim is to teach these peoples the knowledge of Christ and to give them the spiritual enlightenment, which Christians enjoy."

During the summer season, the schedule at the Medical Mission House is changed. During the month of August, which is rather warm in Washington, all classes are suspended. Laying up stores for the winter in the shape of preserves, and a weekly trip to the beach together with the ordinary duties necessary to make our world go round, make the days and weeks fly all too quickly. With the 8th of September conferences and classes are resumed. We hope to welcome at least a few new candidates in the fall. Hardly a month passes without a new request for Medical

Missionaries from some mission field or other, so we are praying for laborers in the vineyard and ask our readers to do the same.

In June Sister Agnes Marie writes from Kashmir, where our missionaries are spending a month's holiday in turn: "The heat of Rawalpindi is indescribable—117 degrees in the shade one day shortly before I left. I don't let myself think of July and August. Eight months out of the year I think the dirt and ignorance of the people are the hardest things to contend with, but the other four I change my mind and absolutely decide the heat is the worst that could be. But the Master did not tread an easy path, so the servants should expect no more. . . . I have tremendous admiration for a Protestant nurse in Taxilla, a large village about 20 miles from here. They have 20 in-patients ordinarily and during the eye season, 80. She is there alone with one doctor. The rest of the staff is Indian and what a difficult task she must have.

"Our chaplain is going away for a month or six weeks so we have to go to the parish church, which is two miles away. Having a car makes a great difference!"



Pathan Patient and Child from Northern India.

MEDICAL MISSION NOTES

MEDICAL INSTRUCTION GIVEN CATHOLIC MISSIONARIES

IN the Journal of the American Medical Association of August 17 was read:

"According to Marshal Lyautey's idea, the physician is the most important advance agent of colonization. Religious missionaries in distant countries in which there are no physicians, are no less important as forerunners of pacific development among peoples who are only partly civilized. It has appeared necessary to give to these missionaries an elementary training in medicine, such as they are likely to need during their stay in foreign lands. The Faculty of Medicine in Lille (Nord) has organized for the fourth time, with the approval of the Pope, a series of eminently practical courses in medicine for the benefit of missionaries and their co-workers. These courses are free. To obtain admission, all that is required is to address to the secretariat of the faculties a request accompanied by the recommendation of the head of a religious order or a missionary society. The certificate must state that the candidate is already attached to a mission or is in course of training for missionary activity. A diploma of *formation médicale*, valid only in the mission fields, will be given those missionaries who have pursued the courses and practical exercises for the prescribed period and have passed the required tests. This diploma is recognized in several mission fields and has enabled such students in the past to obtain official aid for the creation of dispensaries. The courses cover: a general survey of the organs and their mode of functioning; general ideas (in ten lectures) on therapeutics and the ordinary drugs; three lectures on hygiene and prophylaxis; ten on minor surgery; six on diseases of the eye, and three on diseases of the skin; ten on the general aspects and symptoms of the most common diseases; three on the diseases of children. Fifteen lectures are given on the diseases of tropical countries, during which the students learn of the special diseases of those regions and of the modifications in the ordinary diseases as effected by the climate. The last mentioned course will be given by Dr. Loiselet, Jesuit, secretary of the 'Formation médicale missionnaire,' which endeavors to keep in touch, later, with the missionaries who have taken the courses. It is at their disposal for any information of a medical nature that may be needed. It sends them the drugs and instruments that the society collects for them. In addition, a number of lectures are given on general scientific subjects, including information on methods of observation that will enable the missionaries to collect valuable information on the geography of countries little known and on the manners and customs of the native populations; also a number of lectures on the flora and fauna of tropical countries."

Similar medical courses to missionaries are given in Georgetown University, Washington, D. C., under the auspices of the Medical Mission Board, at the Medical Mission Institute in Wurzburg, Germany, at the Royal University of Parma, Italy, and also in Belgium and Holland.

The Catholic Anthropological Society's most recent publication by N. Stam, of the Mill Hill Society, is entitled *The Bahanga*. It is a schoolarly and very interesting account of the history, customs, superstitions and beliefs of that East African tribe.

These natives live in a world of spirits to whom they attribute all misfortunes, illnesses and elemental disturbances, and in all the details of life they enlist the aid of witches, charm doctors and oracle men to preserve themselves from harm. Particularly numerous and weird are the superstitious ceremonies attendant on births, marriages and deaths. The charm doctor is consulted in cases of sickness. After listening gravely to the recital of the

symptoms, he gives his client a piece of dried stick and instructs him to chew it or to bind it around his right arm, according to the nature of the malady! But then, of course, his real business is to provide charms to prevent the occurrence of illness. (Even primitive people believe in preventative medicine!) The diviner or oracle man, on the other hand, is supposed to derive his power from God Himself, and he, therefore, makes no use of "medicine" but orders the sacrifice of a chicken instead.

The Bahanga offer many sacrifices to their ancestors, who, they believe, have an everlasting life after death and exercise a beneficent power, protecting their kraal and all within it from evil. This homage to ancestors and the great prevalence of superstitious practices would delude all but the earnest student into thinking that the Bahanga are the veriest pagans. They believe firmly in the one God and call Him Nasayi (the One adored). They are convinced that He is a good spirit; that He created everything for the benefit of man and that all life and all fertility proceed from Him alone. Such being the case, there is no need to placate Him and these natives, therefore, pay more attention to their ancestors who would not protect their descendants from evil spirits if they were neglected.

MISSION DOCTOR GETS PAPAL HONOR

His Holiness the Pope has conferred the Cross "Pro Ecclesia et Pontifice" on Dr. Evelyn Mary Connolly, who has worked gratuitously for many years at the Catholic hospital in the Apostolic Vicariate of the Upper Nile.

We congratulate Dr. Connolly very heartily for this well deserved distinction and wish her many more fruitful years of Medical Mission Apostolate.

MEDICAL COLLEGES IN MISSION COUNTRIES

The Journal of the American Medical Association of August 17 gives a list of 321 bona fide medical schools in all countries outside the U. S. A. Of these, 4 are in Africa, 8 in Brazil, 40 in China (3 of which are exclusively for women), 13 in India (1 exclusively for women; there are also 2 Protestant missionary medical schools for women not mentioned), 1 in Mesopotamia, 29 in Japan (3 exclusively for women), 2 in Java, 1 in the Malay States, 1 in Siam and 1 in Turkey.

TWO NOTABLE NURSES' CONVENTIONS IN CANADA

(Continued from page 8)

Whilst most Catholic visitors to the convention probably wound up their pleasant and instructive trip with a pilgrimage to good St. Anne de Baupré few probably wended their way to the Trappistine Monastery of St. Romuald's—a nice village in the neighborhood of Quebec. This oasis of silence in a bustling world was certainly worth visiting. After a busy convention, when the world's task is just to talk to you and at you and fill you with impressions and knowledge, the atmosphere of austerity—almost to a degree of bareness—and the quiet to a degree of desert solitude—help one to digest and balance real values.

Several years ago, coming out of our parish church in India after a stirring sermon delivered by an Irish priest describing a Corpus Christi procession in Ireland, I heard a "Tommy" say to his friend with great emphasis and conviction: "Pat, isn't it grand to be an Irishman?" After visiting Canada and learning something of its history and seeing the flourishing Catholic life and the almost boundless opportunities for expansion, the thought comes spontaneously: "It must be grand to be a Canadian—especially a Catholic Canadian."

TWO NOTABLE NURSES' CONVENTIONS IN CANADA

A MOST kind invitation of Rev. Father Garesché, S.J., the Spiritual Director of the International Catholic Federation of Nurses, and my own desire to present the great field of Medical Missions of our "neighbor yonder" to the Catholic nurses, took me early in July to Montreal. The passport and custom officers seemed particularly lenient and pleasant when they learned that the Nurses' Convention was one's goal. We had hardly crossed the frontier when we heard the Mass bell ring in tones so musical and solemn that one could not but feel transported in imagination to an old Catholic country.

The Convention of the International Catholic Federation of Nurses was held from July 5th to the 8th inclusive, in one of Montreal's most spacious and beautiful hotels. It was well attended by Sisters and a good number of lay nurses from Canada, the United States and some from abroad. The topics of the papers read and the discussions held, were the Nurses' opportunities and ideals—spiritual, educational and professional. The aspirations of the nursing profession be they for the spiritual, mental or physical care of the sick in the home or in institutions, are so noble, so unselfish and so varied that new light can be thrown on them from many angles and there are always some inspirations, some ideas for which one is the richer when going home from a convention. By no means the minor part played by these gatherings are the contacts made and the sights seen. And Montreal offered a veritable gold-mine in that respect.

There was the Hotel Dieu, an old, imposing stone building, with a large devotional chapel attached to it. In the square near the entrance is a monument representing Jeanne Mance, the valiant pioneer lay nurse of Canada, who shortly after the settlement of Montreal in 1643 undertook to bring nurses and hospital supplies from France for the care of the sick, especially for wounded soldiers. Her leadership has borne marvelous fruit! On entering the hospital, a Sister Hospitaler undertakes to show one around. I was surprised to find that the Sisters were cloistered. I had never met cloistered hospital Sisters before. In spite of the fact that it was old, the hospital did not differ much from other hospitals, it was modernized in many ways and beautifully equipped. One whole floor was reserved entirely for priests for whom also a private chapel was provided, where convalescents could celebrate the Holy Sacrifice. The whole hospital breathed an atmosphere of real Catholic life and charity. The walls seemed to reflect a long history of suffering and devotion.

Another very interesting hospital with a special work is the Misericordia Hospital. Although a general hospital, it has as its main work the care of young mothers without home and shelter. The large Motherhouse and beautiful chapel connected with it give an idea of the greatness of the congregation which carries on several Misericordia Hospitals in Canada and the United States.

Sights, some lovely and some pathetic, meet one in St. Justine's, the children's hospital. Sponsored by a group of charitable ladies of Montreal and in charge of the Sisters of Divine Wisdom of Blessed de Montford, this hospital cares in a most scientific and charitable way for hundreds of children, who are affected with the many varieties of diseases to which childhood is heir to. There is the department for the little crippled ones, and even a school for them, those operated on for hare-lip, the rickety and the undernourished, contagious disease cases and tiny little babies whose lives seem to hang on a thread. An institution of this kind melts one's heart, especially if one has seen so much infant mortality, so many victims of mismanagement and superstitious foolishness as every doctor sees in India.

The Hospital of the Sacred Heart for Incurables is new and most modern in every respect. To non-medical eyes it would certainly have a very depressing effect, to

see patient after patient afflicted with an incurable disease, but on the other hand one feels that under the loving care of the Sisters who see in every one of them Our Divine Lord, the cross is lightened and the sordidness changed into a resignation and oblation which bear fruit in eternity. The Sisters of Providence who so heroically care for the Incurables also maintain a very large institution for the insane, which harbors several thousand patients. In the city they also conduct a large institution for deaf and dumb girls; they have even organized a religious community for the deaf and dumb.

It was also my privilege to visit the Motherhouse of the Grey Nuns so well known in Canada, the United States, and the far north, where the climate and conditions require heroic sacrifices of their missionaries. When visiting these institutions, one can not help but marvel at the largeness of the conception, the wisdom of the arrangements, the perfection of detail on every side.

I enjoyed the hospitality of the Sisters of the Congregation of Notre Dame, whose beautiful and large Motherhouse is also in the City of Montreal. These Sisters, founded by the Venerable Mother Bourgeoys in 1657, conduct many educational institutions.

Time only permitted a short visit to the beautifully situated and extensive Motherhouse of the Sisters of the Holy Cross in St. Laurent.

Of course, one of the most important visits was to the famous shrine of St. Joseph. Being a special patron and friend of our Society, I confidently laid several problems before him and asked the saintly Brother Andre, C.S.C., to persuade St. Joseph to solve them.

One of the pleasant surprises of the hospitality of Montreal was a boat trip on the St. Lawrence arranged for the Sisters. It gave them an opportunity to meet and discuss many problems. Rev. Father Garesché, S.J., also profited by the occasion to speak of the aims and needs of the Medical Mission Board in New York, and invited me to explain the purpose and work of our Society.

The following day the International Council of Nurses opened their sixth congress with representatives from 48 nations crowding the flag-draped forum. It was estimated that 8,000 nurses from Canada, the United States and different parts of the world attended. China, Africa, and India even sent their delegates. The International Council of Nurses is the biggest organization of professional women in the world. Melle. Chaptal, a Catholic from Paris, was elected president. The papers read were all of a professional nature, stimulating the nurses to ever better service to humanity.

Nobody can have left Montreal without a real appreciation of the cordial hospitality and kindness of the many hosts of the conventions and an impression of great admiration of the service rendered in the medical and other charitable and social service institutions.

In Quebec I had the good fortune of staying with the Franciscan Missionaries of Mary who have there a magnificent basilica with perpetual adoration of the Blessed Sacrament.

Two institutions in Quebec were of special interest to me, the Hotel Dieu, and the Convent of the Ursulines. The pioneers of these institutions, the Sisters Hospitalers and the Ursuline Sisters were the first women missionaries of the world in the sense of leaving their homes and families with the sole aim and purpose of planting the faith in a strange land. Both institutions look venerable and old and remarkably solid. In both the nuns are cloistered as were their predecessors generation after generation. The grilles remind one of those seen in the old monasteries in Europe. Behind them these valiant women who cut themselves off from the world and its vanities to be totally and completely in the service of God and their afflicted neighbor, have achieved much in the sight of men, and no doubt, infinitely more so in the sight of God. (Continued on page 7.)